

**Section B. Environmental Conditions.** Have any of the following substances, materials, or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available.

- |  | YES                      | NO                       | DO NOT KNOW              |   | YES                      | NO                       | DO NOT KNOW              |
|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| 1. Asbestos  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Underground fuel, chemical or other type of storage tank   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Contaminated soil or water (including drinking water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Have any other hazardous substances, materials, or products identified by the Environmental Protection Agency or its authorized Nebraska designee been on the real property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Landfill or buried materials                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |                          |
| 4. Lead-based paint                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |                          |
| 5. Radon gas   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |                          |
| 6. Toxic materials                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |                          |

**Section C. Title Conditions.** Do any of the following conditions exist with regard to the real property?

- |  | YES                      | NO                       | DO NOT KNOW              |  | YES                      | NO                       | DO NOT KNOW              |
|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| 1. Any features, such as walls, fences, and driveways, which are shared?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Any lawsuits regarding this property during the ownership of the seller?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any easements, other than normal utility easements?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Any notices from any governmental or quasi-governmental agency affecting the real property?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any encroachments?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Any planned road or street expansions, improvements or widenings adjacent to the real property?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any zoning violations, non-conforming uses, or violations of "setback" requirements?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any lot-line disputes?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Any deed restrictions or other restrictions of record affecting the real property?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been notified, or are you aware, of any work planned or to be performed by a utility or municipality close to the real property including but not limited to sidewalks, streets, sewers, water, power, or gas lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Any unsatisfied judgments against Seller?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any condominium, homeowners', or other type of association which has any authority over the real property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Any dispute regarding a right of access to the real property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does ownership of the property entitle the owner to use any "common area" facilities such as pools, tennis courts, walkways, or other common use areas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Any other title conditions which might affect the real property?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Section D. Other Conditions.**

- |   | YES                      | NO                       | DO NOT KNOW              |  | YES                      | NO                       | DO NOT KNOW              |
|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| 1. Are the dwelling and the improvements connected to a public water system?<br>Is the system operational?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is trash removal service provided to the real property?<br>If so, the trash service is public _____ private _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the dwelling and the improvements connected to a public sewer system?<br>Is the system operational?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Have the structures been mitigated for radon?<br>If yes, when? _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the dwelling and the improvements connected to a private or community (non-public) water system?<br>Is the system operational?<br>Year last tested _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the property connected to a natural gas system?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the dwelling and the improvements connected to a private or community (non-public) sewer system?<br>Is the system operational?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Has a pet been domiciled in the dwelling?<br>type(s) _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the dwelling and the improvements connected to a septic system?<br>Is the system operational?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are any trees or shrubs on the real property diseased or dead?<br>Are any trees or shrubs scheduled to be removed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the real property in a _____ flood plain? _____ floodway?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Are there any flooding, drainage, or grading problems in connection with the real property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you made any insurance or manufacturer claims with regard to the property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Are you aware of any problem to the exterior wallcovering of the structure including, but not limited to, siding, synthetic stucco, masonry, or other materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

reside 1-4 dwell.

**Section E. Cleaning/Servicing Conditions.** Have you ever performed or had performed the following? State the most recent year:

	YEAR	YES	NO	DO NOT KNOW	NONE/NOT INCLUDED	YEAR	YES	NO	DO NOT KNOW	NONE/NOT INCLUDED
1. Servicing of air conditioner	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Treatment for wood-destroying insects or rodents	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cleaning of fireplace, including chimney	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Tested well water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Servicing of furnace	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Serviced/treated well water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Servicing of septic system	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5. Cleaning of woodburning stove, including chimney	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**PART III - Comments.** Please reference comments on items responded to above by PART I or II, Section letter and item number. Use additional pages if necessary.

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If checked here \_\_\_\_\_, PART III is continued on a separate page(s).

**SELLER'S CERTIFICATION**

Seller hereby certifies that this Disclosure Statement, which consists of \_\_\_\_\_ pages, has been completed by Seller; that Seller has completed this Disclosure Statement to the best of Seller's belief and knowledge as of the date hereof, which is the date this Disclosure Statement is completed and signed by Seller.

Seller \_\_\_\_\_ Date \_\_\_\_\_

Seller \_\_\_\_\_ Date \_\_\_\_\_